

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2011

FORM APPROVED

OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G797 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 09/12/2011 | |
| NAME OF PROVIDER OR SUPPLIER AWS | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 9029 S AMERICA ROAD LA FONTAINE, IN46940 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| W0000 | <p>This visit was for the investigation of complaint #IN00095983.</p> <p>Complaint #IN00095983: SUBSTANTIATED, Federal and state deficiencies related to the allegations are cited at W102, W104, W122, W149, W153, W154, W157, and W193.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: September 8, 9, and 12, 2011.</p> <p>FACILITY NUMBER: 0012563 PROVIDER NUMBER: 15G797 AIM NUMBER: 201018540</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>These federal deficiencies also reflect state findings in accordance with 431 IAC 1.1. Quality Review completed 9/19/11 by Ruth Shackelford, Medical Surveyor III.</p> | | | W0000 | | | |
| W0102 | <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review, and interview, the Condition of Participation: Governing Body and Management was not met for</p> | | | W0102 | <p>W 102 Governing Body and Management The survey cited problems associated with reported incidents and their follow-up actions. These included</p> | | 10/12/2011 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | <p>3 of 3 sampled clients (clients A, B and C). The governing body failed to establish operating direction over the facility to ensure the Conditions of Participation: Client Protections (clients A, B, and C) and Health Care Services (clients B and C) were met. The governing body failed to ensure implementation of the agency's policy and procedure for abuse, neglect, and mistreatment prevention, failed to ensure the facility immediately reported incidents of abuse, neglect, and mistreatment, and failed to ensure thorough investigations were completed. The governing body failed to ensure implementation of effective corrective action to protect clients from physical aggression, neglect, and/or mistreatment systemically. The governing body failed to provide systemic oversight of the group home to ensure clients' rights, routine maintenance, staff retraining, and medication administration.</p> <p>Findings include:</p> <p>Please see W104. The governing body failed for 3 of 3 sample clients (clients A, B, and C) to ensure implementation of their abuse, neglect, and mistreatment policy and procedure to manage client A, B, and C's physically aggressive behaviors, failed to ensure facility staff immediately reported allegations of abuse, failed to ensure documented corrective action was completed to protect clients from their identified behaviors, and failed to ensure thorough investigations were completed. The governing body failed to provide oversight over the group home staff in regard to monitoring staff interactions during behavior management, medication administration errors, and routine replacement of fire enclosure doors for client A and B's bedrooms.</p> | | | | <p>late reporting of allegations of abuse by direct-care staff, late incident reporting by professional staff, poor corrective follow-up, lack of thorough investigating, and poor implementation of treatments, including medication administration and prevention of aggressive behavior. Corrective action for resident(s) found to have been affected The Agency will implement a number of different measures to address the problems and to prevent recurrence. There will be trainings conducted with both direct-care and professional staff to address cited deficiencies. There will be a new process implemented to address medication errors. There also will be new competency-based training procedures put in place to improve implementation of treatments. Finally, there will be a new committee that will hold weekly meetings to evaluate incident reports and investigations to ensure they were thorough and that follow-up corrective actions are appropriately designed to prevent recurrence. Additional details of these corrective actions are provided throughout this Plan of Correction. How facility will identify other residents potentially affected & what measures taken All residents affected, and measures taken will address the needs of all clients in</p> | | |

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| | <p>Please refer to W122. The governing body failed to meet the Condition of Participation: Client Protections, for 3 of 3 sample clients (clients A, B, and C). The governing body neglected to implement their abuse, neglect, and mistreatment policy and procedure, to immediately report allegations of abuse/mistreatment, physical aggression, and medication errors to the administrator according to state law; to complete thorough investigations, to take effective corrective action to protect clients A, B, and C from their identified behaviors; and to prevent client to client physical aggression.</p> <p>Please refer to W318. The governing body failed to meet the Condition of Participation: Health Care Services, by the facility's failure to provide adequate health care monitoring and oversight of medication administration for 2 of 3 sample clients (clients B and C).</p> <p>This federal tag relates to complaint #IN00095983.</p> <p>1.1-3-1(a)</p> | | | | <p>the home. Measures or systemic changes facility put in place to ensure no recurrence An Incident Oversight Committee will be established consisting of the agency's Vice President, Regional Director, and Compliance Officer. This committee will hold a documented weekly meeting in which all Incident Reports and Investigations from the previous week are reviewed for appropriate action to resolve the immediate incident, adherence to agency policy, and follow-up actions to prevent recurrence. When needed, recommended corrective actions will be communicated to the residents' IDT within one day to be addressed within one week. Each committee meeting will begin with a review of the status of recommended corrective actions from the previous week. How corrective actions will be monitored to ensure no recurrence House Manager supervises staff and ensures proper training. The Behavior Clinician revises BSP procedures and implements training, including the new competency-based procedures being put into place. The Regional Director supervises professional staff and ensures their training. The Incident Oversight Committee is chaired by the Compliance Officer who is operationally and</p> | | |

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| | | | | | <p>programmatically distinct from the facility. The Chair will ensure the smooth and continuous operation of the committee. W 102 Detail #1 Implementing Policy on Abuse, Neglect, & Mistreatment - Immediate Reporting of Incidents.</p> <p>Corrective action for resident(s) found to have been affected Staff member who reported the abuse allegation late will receive training on prompt reporting of all allegations. Professional staff will receive training on Agency Policy. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence In addition to the staff member who reported the allegation late, all other staff members in the home will be trained about the requirement to immediately report all allegations. Professional staff will receive training on Agency policy. An Incident Oversight Committee will be established. How corrective actions will be monitored to ensure no recurrence House Manager supervises staff and ensures proper training. The Regional Director supervises professional staff and ensures their training. The Incident Oversight</p> | | |

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| | | | | | <p>Committee will review all Incident Reports and Investigations to determine if appropriate action was taken to resolve the immediate incident, whether actions adhered to agency policy, and will evaluate if sufficient follow-up actions to prevent recurrence are put in place. W</p> <p>102 Detail #2 Implementing Policy on Abuse, Neglect, & Mistreatment - Thorough Investigations. Corrective action for resident(s) found to have been affected All professional staff members responsible for investigations will be trained on both the Agency policy as well as how to conduct thorough investigations. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Training will be completed, and an Incident Oversight Committee will be established. How corrective actions will be monitored to ensure no recurrence The QDDP conducts investigations supervised by the Regional Director. The Regional Director supervises professional staff, including ensuring training requirements are met. The Incident Oversight Committee will</p> | | |

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| | | | | | <p>review all Investigations to determine if appropriate action was taken, including whether follow-up actions to prevent recurrence were put in place. W 102 Detail #3 Ensuring implementation of effective corrective action. Corrective action for resident(s) found to have been affected Incident Oversight Committee will be established to ensure implementation of effective corrective action for incident reports and investigations. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Weekly meeting of Incident Oversight Committee with as-needed recommendations for follow-up corrective actions. How corrective actions will be monitored to ensure no recurrence The Incident Oversight Committee is Chaired by the Compliance Officer who is operationally and programmatically distinct from the facility. The Chair will ensure the smooth and continuous operation of the committee. W 102 Detail #4 Providing systematic oversight, including client rights, routine maintenance, staff retraining needs, & medication</p> | | |

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| | | | | | administration errors. Corrective action for resident(s) found to have been affected Incident Oversight Committee will be established to ensure implementation of effective corrective action for incident reports and investigations. Regional Director will continue to hold regular meetings with professional staff. Client Rights, Routine Maintenance, Staff Retraining Needs, & Medication Administration / Medication Errors will be on-going meeting agenda items. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Establishment of Incident Oversight Committee; Regular professional staff meetings to include Client Rights, Routine Maintenance, Staff Retraining Needs, & Medication Administration / Medication Errors on agenda. How corrective actions will be monitored to ensure no recurrence The Incident Oversight Committee is Chaired by the Compliance Officer who is operationally and programmatically distinct from the facility. The Chair will ensure the smooth and continuous operation of the committee. The Regional | | |

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| W0104 | <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, for 3 of 3 sample clients (clients A, B, and C), the governing body failed to ensure implementation of their abuse, neglect, and mistreatment policy and procedure to prevent client A, B, and C's physically aggressive behaviors, failed to ensure facility staff immediately reported allegations of abuse, failed to ensure documented corrective action was completed to protect clients from their identified behaviors, and failed to ensure thorough investigations were completed. The governing body failed to provide oversight of the facility in regard to monitoring staff interactions during behavior management, medication administration errors, and routine replacement of fire enclosure doors for client A and B's bedrooms.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 9/7/11 were reviewed on 9/7/11 at 11:20am and indicated the following with no injuries documented:</p> <p>For client A:</p> <p>-BDDS report on 8/30/11 incident on 8/29/11 at 4pm indicated clients A, B, and C made an allegation against Direct Care Staff (DCS) #4, #5, and #6 for hitting, yelling, and giving the clients</p> | | | W0104 | <p>Director supervises professional staff and will continue to chair meetings that now will include added items on the agenda.</p> <p>W 104 Detail #1 Implementing policy. Corrective action for resident(s) found to have been affected Staff member who reported allegation late will be trained on need to immediately report all allegations. All staff members in home will receive training on need to report immediately. Professional staff will receive training on agency policy. Regional Director will continue to hold regular meetings with professional staff with added agenda items including Client Rights and Staff Retraining Needs. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Training of staff members with oversight by agency. Regular meetings of professional staff with new focus in meetings. How corrective actions will be monitored to ensure no recurrence House Manager supervises staff, including ensuring appropriate training.</p> | | 10/12/2011 |

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| | <p>cigarettes in the group home. The 8/30/11 QMRP (Qualified Mental Retardation Professional) investigation results unsubstantiated the allegations and no action was recommended to be taken. The 8/30/11 QMRP investigation documented clients A and B did not actually view facility staff #4, #5, and #6 hit another client; however both clients A and B continued to state to the QMRP that staff #4, #5, and #6 yelled at clients in the group home and continued to give the clients cigarettes to encourage the clients to smoke.</p> <p>-BDDS report on 8/22/11 incident 8/20/11 at 7pm, client A was angry with client C in kitchen, and an unidentified staff stepped between clients A and C. The report indicated client A attacked the staff person and the staff applied a physical mandt hold for three (3) minutes.</p> <p>-BDDS report on 8/4/11 incident 8/2/11 at 4:30pm, indicated client A witnessed client C push a staff person. The report indicated client A became physically aggressive toward client C and the unidentified staff applied a one (1) arm mandt hold for three (3) min. (minutes).</p> <p>-BDDS report on 7/29/11 incident 7/28/11 at 5pm, indicated client A got verbally and physically aggressive with client C after the dietician "gave [client A] positive criticism" at the dining room table. Client A ran out of the group home with staff following her, then attacked staff, returned to the group home then attacked client C and bit her on the head.</p> <p>-BDDS report on 7/18/11 for an incident which involved police on 7/17/11 at 8pm, indicated a fight between clients A, B, and C with 3 staff trying to separate them. The report indicated</p> | | | | <p>The Regional Director supervises professional staff and will continue to chair meetings that now will include added items on the agenda. W 104 Detail #2 Preventing aggressive behaviors.</p> <p>Corrective action for resident(s) found to have been affected All staff members in the home will receive retraining by a certified trainer in appropriate de-escalation and physical intervention procedures. Some additional measures are being added to client BSPs to address problem behavior earlier in the chain in order to try to prevent escalation to physical aggression. New staff-competency testing procedures are being put into place for BSP training. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence Training of staff members on de-escalation and appropriate physical management. BSP modifications to try to prevent behavioral escalation. New competency-based training method put in place for both initial training as well as on-going competency testing. How corrective actions will be</p> | | |

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| | <p>9-1-1 was called by client D on the phone. Mandt restraints were applied to clients A, B, and C by the staff until calm.</p> <p>-BDDS report on 7/18/11 incident 7/16/11 at 4pm, indicated client A became upset and hit client C. Client A left AWOL with staff following her. The report indicated client A had mandt restraints applied by the facility staff, calmed, and returned to the group home.</p> <p>Eight (8) additional BDDS reports for incidents on 9/4/11 at 6pm, on 9/3/11 at 9pm, on 8/15/11 at 2pm, on 8/10/11 at 8pm, on 8/9/11 at 6pm, on 8/9/11 at 8pm, on 7/19/11 at 6pm, and on 7/17/11 at 9:30am, for client A which involved the mandt restraints for Physical Aggression and client A's AWOL behavior were documented with no corrective action documented and no follow up to determine the effectiveness of client A's plans.</p> <p>For client B:</p> <p>-BDDS report on 7/15/11 incident 7/14/11 at 8:30am, indicated client B woke up upset and wanted to choose her own breakfast. The report indicated the unidentified staff redirected client B multiple times. Client B became physically aggressive toward staff, client B banged her head and bit herself. Client B left the area then returned with a bottle of tea which she swung and hit the staff. The report indicated client B had a Mandt one arm restraint applied from behind for one (1) minute. Client B dropped to the floor, and began to bang her head and kicked staff, mandt restraint again applied for 3 minutes.</p> <p>-BDDS report on 7/11/11 incident on 7/9/11 at 10am, indicated client B woke up upset. Client B began to bite herself, swung and hit the staff, and</p> | | | | <p>monitored to ensure no recurrence House Manager supervises staff, including ensuring appropriate training. The Behavior Clinician revises BSP procedures and implements training, including the new competency-based procedures being put into place. W 104 Detail #3 Ensuring staff immediately report allegations of abuse Corrective action for resident(s) found to have been affected Staff member who reported the abuse allegation late will receive training on prompt reporting of all allegations. Professional staff will receive training on Agency Policy. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence In addition to the staff member who reported the allegation late, all other staff members in the home will be trained about the requirement to immediately report all allegations. Professional staff will receive training on Agency policy. An Incident Oversight Committee will be established. How corrective actions will be monitored to ensure no recurrence House Manager supervises staff and ensures</p> | | |

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| | <p>staff applied Mandt one (1) arm restraint for 2 min. Client B made threats to elope; client B grabbed the phone and called 9-1-1. The report indicated staff applied a Mandt one arm restraint for 2 min. Client B hit staff and threw money which other staff were counting. Staff applied a Mandt one arm restraint for 2 minutes.</p> <p>-BDDS report on 7/8/11 for an incident with police involvement on 7/7/11 at 2pm, indicated client B became upset at the store, was awol out of the store, and client B ran into traffic in the parking lot. Client B was hitting staff and staff applied a one arm mandt restraint. Client B was released and hit the staff more. The report indicated an off duty police officer called the dispatcher, and two additional police arrived. Client B got physically aggressive with police, was placed in hand cuffs but was not arrested.</p> <p>-Client B had (6) six additional physical altercations with staff and mandt restraints were applied on 9/5/11 at 7am, on 8/12/11 at 4pm, on 8/6/11 at 7:15pm, on 8/5/11 at 6pm, on 7/25/11 at 2:30pm, and on 7/13/11 at 8:30am. No corrective action was documented.</p> <p>For client C:</p> <p>-BDDS report on 8/30/11 incident on 8/29/11 at 3:30pm, indicated client C was redirected by staff because client C was upset. Client C was biting herself and scratching her face. Staff applied a one (1) arm mandt restraint for one (1) minute.</p> <p>-BDDS Report 8/22/11 incident 8/21/11 at 6pm, indicated client C was SIB (Self injurious Behavior) of biting herself. Staff intervened and used a one (1) arm mandt restraint for one (1) min. Client C had bite marks were on her arm/wrist</p> | | | | <p>proper training. The Regional Director supervises professional staff and ensures their training. The Incident Oversight Committee will review all Incident Reports and Investigations to determine if appropriate action was taken to resolve the immediate incident, whether actions adhered to agency policy, and will evaluate if sufficient follow-up actions to prevent recurrence are put in place. W 104 Detail #4 Ensuring follow-up corrective action Corrective action for resident(s) found to have been affected Incident Oversight Committee will be established to ensure implementation of effective corrective action for incident reports and investigations. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Weekly meeting of Incident Oversight Committee. How corrective actions will be monitored to ensure no recurrence The Incident Oversight Committee is Chaired by the Compliance Officer who is operationally and programmatically distinct from the facility. The Chair will ensure the smooth and continuous operation</p> | | |

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| | <p>areas of the skin.</p> <p>-BDDS report on 8/4/11 incident 8/2/11 at 4pm, indicated client C was attacked by client A and client A bit client C on the head. Then client C began biting herself. The report indicated the facility staff applied a one (1) arm mandt restraint for one (1) minute. The report indicated less than 30 minutes later client C pushed staff out of her way, then banged her head, staff applied a one (1) arm mandt restraint for one (1) minute.</p> <p>-BDDS report on 7/18/11 incident on 7/16/11 at 4pm, indicated client A "attacked" and hit client C twice, once in back and once in head. No corrective action was documented.</p> <p>2. The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 9/7/11 were reviewed on 9/7/11 at 11:20am and indicated the following for documented medication errors:</p> <p>For client B:</p> <p>-BDDS report on 8/1/11 medication error incident 7/31/11 at 4pm, indicated client B complained of "SOB (shortness of breath) dx COPD (diagnosis Chronic Obstructive Pulmonary Disease)." The report indicated client B had a physician's order for Advair 1 time per day. Client B told staff she needed another puff. The report indicated staff gave the additional medication without checking the client orders and client B exhibited SOB. The report indicated staff did not follow client B's physician orders. The report indicated the Advair was not an as needed medication. The report indicated the nurse came to the group home and client B was sent out to her physician for an office visit. No corrective action was documented.</p> | | | | <p>of the committee. W 104 Detail #5 Ensuring thorough investigations Corrective action for resident(s) found to have been affected All professional staff members responsible for investigations will be trained on both the Agency policy as well as how to conduct thorough investigations. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Training will be completed, and an Incident Oversight Committee will be established. How corrective actions will be monitored to ensure no recurrence The QDDP conducts investigations supervised by the Regional Director. The Regional Director supervises professional staff, including ensuring training requirements are met. The Incident Oversight Committee will review all Investigations to determine if appropriate action was taken, including whether follow-up actions to prevent recurrence were put in place.</p> <p>W 104 Detail #6 Providing oversight regarding (a) staff interactions during behavior management, (b) medication administration, and (c) broken door replacement Corrective</p> | | |

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| | <p>-BDDS report on 7/21/11 for a medication error incident 7/20/11 at 8am, indicated client B's Losartan HTCZ (for Hypertension) was not given 7/20/11 morning because staff neglected to read MAR (Medication Administration Record) and "staff will receive retraining." No documented medication retraining was available for review.</p> <p>-BDDS report on 7/18/11 for a medication error incident on 7/16/11 at 12pm, indicated client B went to the doctor on 7/7/11. A new medication Losartan HTCZ 1 time daily was started and the physician discontinued the Lasix medication. The report indicated from 7/7/11 through 7/17/11 client B received the Lasix med and no Losartan medication. No corrective action was documented.</p> <p>For client C:</p> <p>-No written BDDS report for medication error incident documented on 8/1/11, no time documented. The report indicated client C missed 3 doses of medication because the pharmacy needed authorization to refill and was waiting for authorization. No information in regards to the type of medication which was being ordered for client C was available for review. No corrective action was documented.</p> <p>On 9/7/11 from 1:20pm until 2:50pm, observation and interviews were completed at the group home. At 1:50pm, client A indicated she did not see a facility staff hit another client. Client A stated she had seen "staff hit" and "tell us to smoke cigarettes." Client A indicated she had told a staff about this on 8/30/11 in the morning. Client A stated "They gave me cigarettes, but I was told not to talk about it." At 1:55pm, client C stated she</p> | | | | <p>action for resident(s) found to have been affected (a) New staff-competency testing procedures are being adopted for initial training and ongoing implementation of BSP procedures. This is over and above the Mandt de-escalation and physical intervention training that already involves staff competency testing; (b) Agency Nurse is implementing a new "dot" medication administration method that gives staff a way to check their work and enhance accuracy with each pill popped represented by a dot on the MAR, so they count dots and pills to ensure they match up; and we will continue with "buddy checking" where the staff member passing medication is checked by another staff person; (c) Replacement doors were repaired so that they close properly. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence (a) New staff-competency procedures will ensure correct implementation of BSP procedures. (b) New "dot" method is being adopted to enhance accuracy of medication administration. (c) A new "handyman" has been retained to</p> | | |

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| | <p>was "afraid sometimes, staff hurt my feelings. They gave me cigarettes and told me not to tell, I don't smoke." Client C stated staff "don't hit they kick." At 2pm, client B stated she did not want to talk about anything "because (she) did not want to go back to the state hospital." At 2:05pm, DCS (Direct Care Staff) #1 stated client A had told her on 8/30/11 in the "morning" when DCS came on duty at the group home about the night before (8/29/11) when the allegation occurred (for the 8/30/11 BDDS report). DCS #1 stated she spoke to clients A, B, and C in the morning to determine if the allegation "was reportable" before DCS #1 notified the agency in the evening of 8/30/11. DCS #1 stated clients A, B, and C "all said staff had hit, yelled at clients," and had given clients cigarettes to smoke. DCS #1 stated "we had a house meeting" with staff "about a week later to discuss" the matter.</p> <p>On 9/9/11 at 1pm, a review was completed of the "Bureau of Developmental Disability Services Policy and Guidelines," dated 10/05. The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse by anyone including but not limited to facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual." The facility policy indicated the facility would investigate allegations of abuse, neglect, and mistreatment of clients. The facility policy indicated the facility would take corrective action during investigations when the facility determined corrective action</p> | | | | <p>provide routine maintenance quickly. How corrective actions will be monitored to ensure no recurrence (a) The Behavior Clinician will monitor implementation of behavior supports and will implement new staff-competency testing procedures. (b) The Nurse will conduct new "dot" training and will have a documented observation of medication pass for each staff member of the home. The House Manager ensures that the home's maintenance needs are met and will contact the newly-retained "handyman" when needed. The Regional Director supervises all professional staff and will continue to meet with them regularly. These meetings will now include new agenda items, including routine maintenance and medication administration.</p> | | |

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| | <p>systematically would protect the clients from abuse/neglect. The facility neglected to ensure implementation of their policy and procedures to prohibit abuse, neglect, and mistreatment.</p> <p>On 9/9/11 at 3:35pm, an interview with the Site Director (SD) was completed. The SD indicated the facility did not have documentation for clients A, B, and C had been physically aggressive and required one arm mandt physical holds to prevent injuries during their physical aggressive behaviors. The SD indicated no documented evidence was available for review to indicate the facility leadership reviewed incidents for patterns, and considered corrective action after each incident. No monitoring of the clients' programs, and no retraining for immediately reporting of incidents was available for review.</p> <p>On 9/12/11 at 11:20am, an interview with the SD was completed. The SD indicated the facility did not immediately report allegations of abuse, neglect, or mistreatment and should have immediately reported to the administrator and to BDDS according to state law. The SD indicated the facility did not have documented oversight of the implementation of the agency's policy and procedure for abuse, neglect, mistreatment. The SD indicated no documented corrective measures were implemented and none were available for review.</p> <p>3. During observation and interviews on 9/7/11 from 1:20pm until 2:50pm, client A and B's bedroom doors were missing and no fire enclosure barrier was observed in place. At 1:50pm, client A stated her bedroom door was gone because "she walked through it." At 2:40pm, DCS (Direct Care Staff) #1 stated client A was "missing [client A's] door to bedroom about a month and [client B] no</p> | | | | | | |

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| W0122 | <p>bedroom door for over two (2) weeks." DCS #1 stated both the doors were "broken off at the hinges" and clients A and B "were trying to walk through the doors" during their behaviors.</p> <p>On 9/12/11 at 11:20am, an interview with the SD was completed. He indicated the doors were up and in place at this time but that the doors did not fit at the hinges. The SD indicated client A and B's bedroom doors were fire doors and did not close to latch shut at this time.</p> <p>This federal tag relates to complaint #IN00095983.</p> <p>1.1-3-1(a)</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, interview, and record review for 3 of 3 sample clients (clients A, B, and C), the facility failed to meet the Condition of Participation: Client Protections. The facility neglected to implement their abuse, neglect, and mistreatment policy and procedure, to immediately report incidents of allegations of abuse/mistreatment and physical aggression to the administrator and according to state law; to complete thorough investigations, to take immediate effective corrective action to protect clients A, B, and C from their identified behaviors; and to prevent client to client physical aggression.</p> <p>Findings include:</p> <p>Please refer to W149. The facility neglected to implement their abuse, neglect, and mistreatment</p> | | | W0122 | <p>W 122 Detail #1 Implementing Policy on Abuse, Neglect, & Mistreatment - Immediate Reporting of Incidents. Corrective action for resident(s) found to have been affected Staff member who reported the abuse allegation late will receive training on prompt reporting of all allegations. Professional staff will receive training on Agency Policy. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure</p> | | 10/12/2011 |

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| | <p>policy and procedure to prevent client A, B, and C's physically aggressive behaviors, neglected to immediately report allegations of abuse, neglected to take immediate effective sufficient action to protect clients from their identified documented behaviors, and neglected to complete thorough investigations for 3 of 3 sample clients (clients A, B, and C).</p> <p>Please refer to W153. The facility failed to immediately report allegations of abuse, neglect, and mistreatment immediately and failed to immediately report client to client physical aggression to the administrator and to BDDS (Bureau of Developmental Disability Services) in accordance with state law for 3 of 3 sample clients (clients A, B, and C) for 7 of 26 incidents reports reviewed from 7/1/11 through 9/7/11.</p> <p>Please refer to W154. The facility failed to thoroughly investigate client A, B, and C's allegations of abuse, neglect, and mistreatment for 3 of 3 sample clients (clients A, B, and C).</p> <p>Please refer to W157. The facility failed to take sufficient corrective action for documented incidents of physical aggression and multiple medication errors after a pattern had developed for 3 of 3 sample clients (clients A, B, and C).</p> <p>This federal tag relates to complaint #IN00095983.</p> <p>1.1-3-2(a)</p> | | | | <p>no recurrence In addition to the staff member who reported the allegation late, all other staff members in the home will be trained about the requirement to immediately report all allegations. Professional staff will receive training on Agency policy. An Incident Oversight Committee will be established. How corrective actions will be monitored to ensure no recurrence House Manager supervises staff and ensures proper training. The Regional Director supervises professional staff and ensures their training. The Incident Oversight Committee will review all Incident Reports and Investigations to determine if appropriate action was taken to resolve the immediate incident, whether actions adhered to agency policy, and will evaluate if sufficient follow-up actions to prevent recurrence are put in place. W 122 Detail #2 Completing thorough investigations. Corrective action for resident(s) found to have been affected All professional staff members responsible for investigations will be trained on how to conduct thorough investigations. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in</p> | | |

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| | | | | | the home. Measures or systemic changes facility put in place to ensure no recurrence Training will be completed, and an Incident Oversight Committee will be established. How corrective actions will be monitored to ensure no recurrence The QDDP conducts investigations supervised by the Regional Director. The Regional Director supervises professional staff, including ensuring training requirements are met. The Incident Oversight Committee will review all Investigations to determine if appropriate action was taken, including whether follow-up actions to prevent recurrence were put in place. W 122 Detail #3 Ensuring immediate implementation of effective corrective action. Corrective action for resident(s) found to have been affected Staff members will be trained to immediately report all allegations and peer-to-peer aggression to a supervisor. Professional Staff will receive training on Incident Reporting. Incident Oversight Committee will be established to ensure implementation of effective corrective action for incidents reports and investigations. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of | | |

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| | | | | | all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Staff training on immediate reporting requirement; Professional staff training on Incident Reporting; Weekly meeting of Incident Oversight Committee. How corrective actions will be monitored to ensure no recurrence House manager is responsible for staff supervision, including training. The Incident Oversight Committee is Chaired by the Compliance Officer who is operationally and programmatically distinct from the facility. The Chair will ensure the smooth and continuous operation of the committee. W 122 Detail #4 Preventing aggressive behaviors. Corrective action for resident(s) found to have been affected All staff members in the home will receive retraining by a certified trainer in appropriate de-escalation and physical intervention procedures. Some additional measures are being added to client BSPs to address problem behavior earlier in the chain in order to try to prevent escalation to physical aggression. New staff-competency testing procedures are being put into place for BSP training. How facility will identify other residents potentially affected & what measures taken All | | |

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| W0149 | <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review, and interview, for 3 of 3 sample clients (clients A, B, and C), the facility neglected to implement their abuse, neglect, and mistreatment policy and procedure to prevent client A, B, and C's physically aggressive behaviors, neglected to immediately report allegations of abuse, neglected to take effective sufficient action to protect clients from their identified documented behaviors, and neglected to complete thorough investigations.</p> | | W0149 | <p>residents affected, and corrective action will address the needs of all clients in the home.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence Training of staff members on de-escalation and appropriate physical management. BSP modifications to try to prevent behavioral escalation. New competency-based training method put in place for both initial training as well as on-going competency testing. How corrective actions will be monitored to ensure no recurrence House Manager supervises staff, including ensuring appropriate training. The Behavior Clinician revises BSP procedures and implements training, including the new competency-based procedures being put into place.</p> <p>W 149 Detail #1 Immediate Reporting of Abuse Allegations. Corrective action for resident(s) found to have been affected Staff member who reported the abuse allegation late will receive training on prompt reporting of all allegations. Professional staff will receive training on Agency Policy. How facility will identify other residents potentially affected & what measures taken All</p> | | 10/12/2011 | |

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| | <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 9/7/11 were reviewed on 9/7/11 at 11:20am and indicated the following with no injuries documented:</p> <p>For client A:</p> <p>-BDDS report on 8/30/11 incident on 8/29/11 at 4pm indicated clients A, B, and C made an allegation against Direct Care Staff (DCS) #4, #5, and #6 for hitting, yelling, and giving the clients cigarettes in the group home. The 8/30/11 QMRP (Qualified Mental Retardation Professional) investigation results unsubstantiated the allegations and no action was recommended to be taken. The 8/30/11 QMRP investigation documented clients A and B did not actually view facility staff #4, #5, and #6 hit another client; however both clients A and B continued to state to the QMRP that staff #4, #5, and #6 yelled at clients in the group home and continued to give the clients cigarettes to encourage the clients to smoke. No corrective action was documented.</p> <p>-BDDS report on 8/22/11 incident 8/20/11 at 7pm, client A was angry with client C in kitchen, and an unidentified staff stepped between clients A and C. The report indicated client A attacked the staff person and the staff applied a physical mandt hold for three (3) minutes. No corrective action was documented.</p> <p>-BDDS report on 8/4/11 incident 8/2/11 at 4:30pm, indicated client A witnessed client C push a staff person. The report indicated client A became physically aggressive toward client C and the unidentified staff applied a one (1) arm mandt</p> | | | | <p>residents affected, and corrective action will address the needs of all clients in the home.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence In addition to the staff member who reported the allegation late, all other staff members in the home will be trained about the requirement to immediately report all allegations. Professional staff will receive training on Agency policy. An Incident Oversight Committee will be established. How corrective actions will be monitored to ensure no recurrence House Manager supervises staff and ensures proper training. The Regional Director supervises professional staff and ensures their training. The Incident Oversight Committee will review all Incident Reports and Investigations to determine if appropriate action was taken to resolve the immediate incident, whether actions adhered to agency policy, and will evaluate if sufficient follow-up actions to prevent recurrence are put in place. W 149 Detail #2 Protecting clients from identified aggressive behaviors. Corrective action for resident(s) found to have been affected All staff members in the home will receive retraining by a certified trainer in appropriate de-escalation and physical intervention procedures.</p> | | |

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| | <p>three (3) min. (minutes). No corrective action was documented.</p> <p>-BDDS report on 7/29/11 incident 7/28/11 at 5pm, indicated client A got verbally and physically aggressive with client C after the dietician "gave [client A] positive criticism" at the dining room table. Client A ran out of the group home with staff following her, then attacked staff, returned to group home then attacked client C and bit her on the head. No corrective action was documented.</p> <p>-BDDS report on 7/18/11 for an incident which involved police on 7/17/11 at 8pm, indicated a fight between clients A, B, and C with 3 staff trying to separate them. The report indicated 9-1-1 was called by client D on the phone. Mandt restraints were applied to clients A, B, and C by the staff until calm. No corrective action was documented.</p> <p>-BDDS report on 7/18/11 incident 7/16/11 at 4pm, indicated client A became upset and hit client C. Client A left AWOL with staff following her. The report indicated client A had mandt restraints applied by the facility staff, calmed, and returned to the group home. No corrective action was documented.</p> <p>Eight (8) additional BDDS reports for incidents on 9/4/11 at 6pm, on 9/3/11 at 9pm, on 8/15/11 at 2pm, on 8/10/11 at 8pm, on 8/9/11 at 6pm, on 8/9/11 at 8pm, on 7/19/11 at 6pm, and on 7/17/11 at 9:30am, for client A which involved the mandt restraints for Physical Aggression and client A's AWOL behavior were documented with no corrective action documented and no follow up to determine the effectiveness of client A's plans.</p> <p>For client B:</p> | | | | <p>Some additional measures are being added to client BSPs to address problem behavior earlier in the chain in order to try to prevent escalation to physical aggression. New staff-competency testing procedures are being put into place for BSP training. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence Training of staff members on de-escalation and appropriate physical management. BSP modifications to try to prevent behavioral escalation. New competency-based training method put in place for both initial training as well as on-going competency testing. How corrective actions will be monitored to ensure no recurrence House Manager supervises staff, including ensuring appropriate training. The Behavior Clinician revises BSP procedures and implements training, including the new competency-based procedures being put into place. W 149 Detail #3 Completing Thorough Investigations. Corrective action for resident(s) found to have been affected All</p> | | |

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| | <p>-BDDS report on 7/15/11 incident 7/14/11 at 8:30am, indicated client B woke up upset and wanted to choose her own breakfast. The report indicated the unidentified staff redirected client B multiple times. Client B became physically aggressive toward staff, banged her head and bit herself. Client B left the area then returned with a bottle of tea which she swung and hit the staff. The report indicated client B had a Mandt one arm restraint applied from behind for one (1) minute. Client B dropped to the floor, and began to bang her head and kicked staff, mandt restraint again applied for 3 min. No corrective action was documented.</p> <p>-BDDS report on 7/11/11 incident on 7/9/11 at 10am, indicated client B woke up upset. Client B began to bite herself, swung and hit the staff, and staff applied Mandt one (1) arm restraint for 2 min. Client B made threats to elope, grabbed the phone and called 9-1-1. The report indicated staff applied a Mandt one arm restraint for 2 min. Client B hit staff and threw money which other staff were counting. Staff applied a Mandt one arm restraint for 2 min. No corrective action was documented.</p> <p>-BDDS report on 7/8/11 for an incident with police involvement on 7/7/11 at 2pm, indicated client B became upset at the store, awol out of the store, and ran into traffic in the parking lot. Client B was hitting staff and staff applied a one arm mandt restraint. Client B was released and hit the staff more. The report indicated an off duty police officer called the dispatcher, and two additional police arrived. Client B got physically aggressive with police, was placed in hand cuffs but was not arrested. No corrective action was documented.</p> | | | | <p>professional staff members responsible for investigations will be trained on both the Agency policy as well as how to conduct thorough investigations. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Training will be completed, and an Incident Oversight Committee will be established. How corrective actions will be monitored to ensure no recurrence The QDDP conducts investigations supervised by the Regional Director. The Regional Director supervises professional staff, including ensuring training requirements are met. The Incident Oversight Committee will review all Investigations to determine if appropriate action was taken, including whether follow-up actions to prevent recurrence were put in place.</p> | | |

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| | <p>-Client B had (6) six additional physical altercations with staff and mandt restraints were applied on 9/5/11 at 7am, on 8/12/11 at 4pm, on 8/6/11 at 7:15pm, on 8/5/11 at 6pm, on 7/25/11 at 2:30pm, and on 7/13/11 at 8:30am. No corrective action was documented.</p> <p>For client C:</p> <p>-BDDS report on 8/30/11 incident on 8/29/11 at 3:30pm, indicated client C was redirected by staff because client C was upset. Client C was biting herself and scratching her face. Staff applied a one (1) arm mandt restraint for one (1) minute. No corrective action was documented and no documented.</p> <p>-BDDS Report 8/22/11 incident 8/21/11 at 6pm, indicated client C was SIB (Self injurious Behavior) of biting herself. Staff intervened and used a one (1) arm mandt restraint for one (1) min. Client C had bite marks were on her arm/wrist areas of the skin. No corrective action was documented.</p> <p>-BDDS report on 8/4/11 incident 8/2/11 at 4pm, indicated client C was attacked by client A and client A bit client C on the head. Then client C began biting herself. The report indicated the facility staff applied a one (1) arm mandt restraint for one (1) minute. The report indicated less than 30 minutes later client C pushed staff out of her way, then banged her head, staff applied a one (1) arm mandt restraint for one (1) minute. No corrective action was documented.</p> <p>-BDDS report on 7/18/11 incident on 7/16/11 at 4pm, indicated client A "attacked" and hit client C twice, once in back and once in head. No corrective action was documented.</p> | | | | | | |

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| | <p>On 9/7/11 from 1:20pm until 2:50pm, observation and interviews were completed at the group home. At 1:50pm, client A indicated she did not see a facility staff hit another client. Client A stated she had seen "staff hit" and "tell us to smoke cigarettes." Client A indicated she had told a staff about this on 8/30/11 in the morning. Client A stated "They gave me cigarettes, but I was told not to talk about it." At 1:55pm, client C stated she was "afraid sometimes, staff hurt my feelings. They gave me cigarettes and told me not to tell, I don't smoke." Client C stated staff "don't hit, they kick." At 2pm, client B stated she did not want to talk about anything "because (she) did not want to go back to the state hospital." At 2:05pm, DCS (Direct Care Staff) #1 stated client A had told her on 8/30/11 in the "morning" when DCS came on duty at the group home about the night before (8/29/11) when the allegation occurred (for the 8/30/11 BDDS report). DCS #1 stated she spoke to clients A, B, and C in the morning to determine if the allegation "was reportable" before DCS #1 notified the agency in the evening of 8/30/11. DCS #1 stated clients A, B, and C "all said staff had hit, yelled at clients," and had given clients cigarettes to smoke. DCS #1 stated "we had a house meeting" with staff "about a week later to discuss" the matter.</p> <p>On 9/9/11 at 1pm, a review was completed of the "Bureau of Developmental Disability Services Policy and Guidelines," dated 10/05. The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse by anyone including but not limited to facility staff...other individuals, or themselves." The policy indicated "Neglect, the</p> | | | | | | |

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| | <p>failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual." The facility policy indicated the facility would investigate allegations of abuse, neglect, and mistreatment of clients. The facility policy indicated the facility would take corrective action during investigations when the facility determined corrective action systematically would protect the clients from abuse/neglect. The facility neglected to ensure implementation of their policy and procedures to prohibit abuse, neglect, and mistreatment.</p> <p>On 9/9/11 at 3:35pm, an interview with the Site Director (SD) was completed. The SD indicated no documented evidence was available for review to indicate the facility leadership reviewed incidents for patterns, considered corrective action after each incident, completed through investigations, and monitored the clients' programs. No retraining for immediately reporting of incidents were available for review.</p> <p>On 9/12/11 at 11:20am, an interview with the SD was completed. The SD indicated the facility did not immediately report allegations of abuse, neglect, or mistreatment and should have immediately reported to the administrator and to BDDS according to state law. The SD indicated the facility did not have documented oversight of the implementation of the agency's policy and procedure for abuse, neglect, mistreatment. The SD indicated no documented corrective measures were implemented and none were available for review.</p> <p>This federal tag relates to complaint #IN00095983.</p> | | | | | | |

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| W0153 | <p>1.1-3-2(a)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on observation, record review, and interview, for 3 of 3 sample clients (clients A, B, and C) and for 7 of 26 incidents reports reviewed from 7/1/11 through 9/7/11, the facility failed to immediately report allegations of abuse, neglect, and mistreatment and failed to immediately report client to client physical aggression to the administrator and to BDDS (Bureau of Developmental Disability Services) in accordance with state law.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 9/7/11 were reviewed on 9/7/11 at 11:20am and indicated the following:</p> <p>1. A BDDS report on 8/30/11 incident on 8/29/11 at 4pm indicated clients A, B, and C made an allegation against Direct Care</p> | | | W0153 | <p>W 153 Detail #1 Immediate Reporting of Allegations of Abuse, Neglect, and Mistreatment. Corrective action for resident(s) found to have been affected Staff member who reported the abuse allegation late will receive training on prompt reporting of all allegations. Professional staff will receive training on Agency Policy. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence In addition to the staff member who reported the allegation late, all other staff members in the home will be trained about the requirement to immediately report all allegations. Professional staff will receive training on Agency policy. An Incident Oversight Committee will be established. How corrective actions will be</p> | | 10/12/2011 |

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| | <p>Staff (DCS) #4, #5, and #6 for hitting, yelling, and giving the clients cigarettes in the group home. The 8/30/11 QMRP (Qualified Mental Retardation Professional) investigation results unsubstantiated the allegations and no action was recommended to be taken. The 8/30/11 QMRP investigation documented clients A and B did not actually view facility staff #4, #5, and #6 hit another client; however both clients A and B continued to state to the QMRP that staff #4, #5, and #6 yelled at clients in the group home and continued to give the clients cigarettes to encourage the clients to smoke.</p> <p>2. A BDDS report on 8/22/11 incident 8/20/11 at 7pm, client A was angry with client C in kitchen, and an unidentified staff stepped between clients A and C. The report indicated client A attacked the staff person and the staff applied a physical mandt hold three (3) minute.</p> <p>3. A BDDS report on 8/4/11 incident 8/2/11 at 4:30pm, indicated client A witnessed client C push a staff person. The report indicated client A became physically aggressive toward client C and the unidentified staff applied a one (1) arm mandt three (3) min. (minutes).</p> <p>4. A BDDS report on 7/18/11 incident</p> | | | | <p>monitored to ensure no recurrence House Manager supervises staff and ensures proper training. The Regional Director supervises professional staff and ensures their training. The Incident Oversight Committee will review all Incident Reports and Investigations to determine if appropriate action was taken to resolve the immediate incident, whether actions adhered to agency policy, and will evaluate if sufficient follow-up actions to prevent recurrence are put in place. W</p> <p>153 Detail #2 Reporting Client-to-Client Aggression.</p> <p>Corrective action for resident(s) found to have been affected Staff will receive training on the need to immediately report client-to-client aggression, so that an Incident Report can be completed and an investigation begun. Professional staff will receive training on Agency Policy.</p> <p>How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence All staff members in the home will be trained about the requirement to immediately report client-to-client aggression to a supervisor. Professional staff will receive training on</p> | | |

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| | <p>7/16/11 at 4pm, indicated client A became upset and hit client C. Client A left AWOL with staff following her. The report indicated client A had mandt restraints applied by the facility staff, calmed, and returned to the group home.</p> <p>5. A BDDS report on 7/11/11 incident on 7/9/11 at 10am, indicated client B woke up upset. Client B began to bite herself, swung and hit the staff, and staff applied Mandt one (1) arm restraint for 2 min. Client B made threats to elope, client B grabbed the phone and called 9-1-1. The report indicated staff applied a Mandt one arm restraint for 2 min. Client B hit staff and threw money which other staff were counting. Staff applied a Mandt one arm restraint for 2 minutes.</p> <p>6. A BDDS report on 8/4/11 incident 8/2/11 at 4pm, indicated client C was attacked by client A and client A bit client C on the head. Then client C began biting herself. The report indicated the facility staff applied a one (1) arm mandt restraint for one (1) minute. The report indicated less than 30 minutes later client C pushed staff out of her way, then banged her head, staff applied a one (1) arm mandt restraint for one (1) minute.</p> <p>7. A BDDS report on 7/18/11 incident on 7/16/11 at 4pm, indicated client A</p> | | | | <p>Agency policy. An Incident Oversight Committee will be established. How corrective actions will be monitored to ensure no recurrence House Manager supervises staff and ensures proper training. The Regional Director supervises professional staff and ensures their training. The Incident Oversight Committee will review all Incident Reports and Investigations</p> | | |

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| | <p>"attacked" and hit client C twice, once in back and once in head.</p> <p>On 9/7/11 from 1:20pm until 2:50pm, observation and interviews were completed at the group home. At 1:50pm, client A indicated she did not see a facility staff hit another client (regarding example #1). Client A stated she had seen "staff hit" and "tell us to smoke cigarettes." Client A indicated she had told a staff about this on 8/30/11 in the morning. Client A stated "They gave me cigarettes, but I was told not to talk about it." At 1:55pm, client C stated she was "afraid sometimes, staff hurt my feelings. They gave me cigarettes and told me not to tell, I don't smoke." Client C stated staff "don't hit, they kick." At 2pm, client B stated she did not want to talk about anything "because (she) did not want to go back to the state hospital." At 2:05pm, DCS (Direct Care Staff) #1 stated client A had told her on 8/30/11 in the "morning" when DCS came on duty at the group home about the night before (8/29/11) when the allegation occurred (for the 8/30/11 BDDS report). DCS #1 stated she spoke to clients A, B, and C in the morning to determine if the allegation "was reportable" before DCS #1 notified the agency in the evening of 8/30/11. DCS #1 stated clients A, B, and C "all said staff had hit, yelled at clients," and</p> | | | | | | |

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| W0154 | <p>had given clients cigarettes to smoke. DCS #1 stated "we had a house meeting" with staff "about a week later to discuss" the matter.</p> <p>On 9/9/11 at 3:35pm, an interview with the Site Director (SD) was completed. The SD indicated the facility did not have documentation that the facility immediately reported allegations of abuse, neglect, or mistreatment. The SD indicated the facility did not immediately report to the administrator and to BDDS in accordance with state law. The SD indicated staff should have immediately reported incidents of physical aggression and allegations of abuse, neglect, and mistreatment.</p> <p>This federal tag relates to complaint #IN00095983.</p> <p>1.1-3-2(a)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, record review, and interview, for 3 of 3 sample clients (clients A, B, and C), the facility failed to thoroughly investigate client A, B, and C's allegations of abuse, neglect, and mistreatment.</p> <p>Findings include:</p> | | | W0154 | <p>W 154 Thorough Investigations. Corrective action for resident(s) found to have been affected All professional staff members responsible for investigations will be trained on both the Agency policy as well as how to conduct thorough investigations. How facility will</p> | | 10/12/2011 |

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| | <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 9/7/11 were reviewed on 9/7/11 at 11:20am and indicated the following:</p> <p>1. A BDDS report on 8/30/11 incident on 8/29/11 at 4pm indicated clients A, B, and C made an allegation against Direct Care Staff (DCS) #4, #5, and #6 for hitting, yelling, and giving the clients cigarettes in the group home. The 8/30/11 QMRP (Qualified Mental Retardation Professional) investigation results unsubstantiated the allegations and no action was recommended to be taken. The 8/30/11 QMRP investigation documented clients A and B did not actually view facility staff #4, #5, and #6 hit another client; however both clients A and B continued to state to the QMRP that staff #4, #5, and #6 yelled at clients in the group home and continued to give and encourage the clients to smoke cigarettes. The investigation did not indicate the allegations by clients A and B were investigated for staff yelling and encouraging the clients to smoke cigarettes.</p> <p>2. A BDDS report on 8/22/11 incident 8/20/11 at 7pm, client A was angry with client C in kitchen, and an unidentified staff stepped between clients A and C. The report indicated client A attacked the staff person and the staff applied a physical mandt hold three (3) minute. No investigation was available for review.</p> <p>3. A BDDS report on 8/4/11 incident 8/2/11 at 4:30pm, indicated client A witnessed client C push a staff person. The report indicated client A became physically aggressive toward client C and the unidentified staff applied a one (1) arm mandt three (3) min. (minutes). No investigation was available for review.</p> | | | | <p>identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Training will be completed, and an Incident Oversight Committee will be established. How corrective actions will be monitored to ensure no recurrence The QDDP conducts investigations supervised by the Regional Director. The Regional Director supervises professional staff, including ensuring training requirements are met. The Incident Oversight Committee will review all Investigations to determine if appropriate action was taken, including whether follow-up actions to prevent recurrence were put in place.</p> | | |

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| | <p>4. A BDDS report on 7/29/11 incident 7/28/11 at 5pm, indicated client A got verbally and physically aggressive with client C after the dietician "gave [client A] positive criticism" at the dining room table. Client A ran out of the group home with staff following her, then attacked staff, returned to group home then attacked client C and bit her on the head. The investigation indicated the facts documented on the report.</p> <p>5. A BDDS report on 7/18/11 for an incident which involved police on 7/17/11 at 8pm, indicated a fight between clients A, B, and C with 3 staff trying to separate them. The report indicated 9-1-1 was called by client D on the phone. Mandt restraints applied to clients A, B, and C by the staff until calm. The investigation documented the facts of the report and a QMRP narrative which indicated "the staff" were interviewed. The investigation did not document if the clients were interviewed.</p> <p>6. A BDDS report on 7/18/11 incident 7/16/11 at 4pm, indicated client A became upset and hit client C. Client A left AWOL with staff following her. The report indicated client A had mandt restraints applied by the facility staff, calmed, and returned to the group home. No investigation was available for review.</p> <p>7. A BDDS report on 7/15/11 incident 7/14/11 at 8:30am, indicated client B woke up upset and wanted to choose her own breakfast. The report indicated the unidentified staff redirected client B multiple times. Client B became physically aggressive toward staff, banged her head and bit herself. Client B left the area then returned with bottle of tea which she swung and hit the staff. The report indicated client B had a Mandt one arm</p> | | | | | | |

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| | <p>restraint applied from behind for one (1) minute. Client B dropped to the floor, and began to bang her head and kicked staff, mandt restraint again applied for 3 min. No investigation was available for review.</p> <p>8. A BDDS report on 7/11/11 incident on 7/9/11 at 10am, indicated client B woke up upset. Client B began to bite herself, swung and hit the staff, and staff applied Mandt one (1) arm restraint for 2 min. Client B made threats to elope, grabbed the phone and called 9-1-1. The report indicated staff applied a Mandt one arm restraint for 2 min. Client B hit staff and threw money which other staff were counting. Staff applied a Mandt one arm restraint for 2 min. No investigation was available for review.</p> <p>9. A BDDS report on 7/8/11 for an incident with police involvement on 7/7/11 at 2pm, indicated client B became upset at the store, left awol out of store, and client B ran into traffic in parking lot. Client B was hitting staff and staff applied a one arm mandt restraint. Client B was released and hit the staff more. The report indicated an off duty police officer called the dispatcher, and two additional police arrived. Client B got physically aggressive with police, was placed in hand cuffs but was not arrested. No investigation was available for review.</p> <p>10. A BDDS report on 8/4/11 incident 8/2/11 at 4pm, indicated client C was attacked by client A and client A bit client C on the head. Then client C began biting herself. The report indicated the facility staff applied a one (1) arm mandt restraint for one (1) minute. The report indicated less than 30 minutes later client C pushed staff out of her way, then banged her head, staff applied a one (1) arm mandt restraint for one (1) minute. No</p> | | | | | | |

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| | <p>investigation was available for review.</p> <p>11. A BDDS report on 7/18/11 incident on 7/16/11 at 4pm, indicated client A "attacked" and hit client C twice, once in back and once in head. No investigation was available for review.</p> <p>On 9/7/11 from 1:20pm until 2:50pm, observation and interviews were completed at the group home. At 1:50pm, client A indicated she did not see a facility staff hit another client (regarding example #1). Client A stated she had seen "staff hit" and "tell us to smoke cigarettes." Client A indicated she had told a staff about this on 8/30/11 in the morning. Client A stated "They gave me cigarettes, but I was told not to talk about it." At 1:55pm, client C stated she was "afraid sometimes, staff hurt my feelings. They gave me cigarettes and told me not to tell, I don't smoke." Client C stated staff "don't hit, they kick." At 2pm, client B stated she did not want to talk about anything "because (she) did not want to go back to the state hospital." At 2:05pm, DCS (Direct Care Staff) #1 stated client A had told her on 8/30/11 in the "morning" when DCS came on duty at the group home about the night before (8/29/11) when the allegation occurred (for the 8/30/11 BDDS report). DCS #1 stated she spoke to clients A, B, and C in the morning to determine if the allegation "was reportable" before DCS #1 notified the agency in the evening of 8/30/11. DCS #1 stated clients A, B, and C "all said staff had hit, yelled at clients," and had given clients cigarettes to smoke. DCS #1 stated "we had a house meeting" with staff "about a week later to discuss" the matter.</p> <p>On 9/9/11 at 2pm, a review of the 9/7/11 inservice training for the QMRP and the House Manager was completed with the QMRP. The QMRP indicated she had not received training on how to</p> | | | | | | |

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| W0157 | complete a thorough investigation before 9/7/11. The QMRP indicated she documented the facts of the incident which were reviewed. On 9/9/11 at 3:35pm, an interview with the Site Director (SD) was completed. The SD indicated the clients A, B, and C had been physically aggressive and required one arm mandt physical holds to prevent injuries during their physically aggressive behaviors. The SD indicated no documented evidence was available for review to indicate that the facility leadership reviewed incidents for patterns and the investigations did not indicate what had occurred before or after each incident. On 9/12/11 at 11:20am, an interview with the SD was completed. The SD indicated the facility's investigations were not thorough for incidents of client to client physical aggression. This federal tag relates to complaint #IN00095983. 1.1-3-2(a) If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review, and interview, for 3 of 3 sample clients (clients A, B, and C), the facility failed to take sufficient corrective action for documented incidents of client to client physical aggression and multiple medication errors after patterns had developed. Findings include: 1. The facility's BDDS (Bureau of Developmental | | | W0157 | W 157 Implementation of Effective Corrective Action. Corrective action for resident(s) found to have been affected Incident Oversight Committee will be established to ensure implementation of effective corrective action for incident reports and investigations. How facility will identify other residents | | 10/12/2011 |
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| | <p>Disability Services) reports from 7/1/11 through 9/7/11 were reviewed on 9/7/11 at 11:20am and indicated the following:</p> <p>A BDDS report on 8/30/11 incident on 8/29/11 at 4pm indicated clients A, B, and C made an allegation against Direct Care Staff (DCS) #4, #5, and #6 for hitting, yelling, and giving the clients cigarettes in the group home. The 8/30/11 QMRP (Qualified Mental Retardation Professional) investigation results unsubstantiated the allegations and no action was recommended to be taken. The 8/30/11 QMRP investigation documented clients A and B did not actually view facility staff #4, #5, and #6 hit another client; however both clients A and B continued to state to the QMRP that staff #4, #5, and #6 yelled at clients in the group home and continued to give the clients cigarettes to encourage the clients to smoke. No corrective action was documented.</p> <p>A BDDS report on 8/22/11 incident 8/20/11 at 7pm, client A was angry with client C in kitchen, and an unidentified staff stepped between clients A and C. The report indicated client A attacked the staff person and the staff applied a physical mandt hold three (3) minute. No corrective action was documented.</p> <p>A BDDS report on 8/4/11 incident 8/2/11 at 4:30pm, indicated client A witnessed client C push a staff person. The report indicated client A became physically aggressive toward client C and the unidentified staff applied a one (1) arm mandt three (3) min. (minutes). No corrective action was documented.</p> <p>A BDDS report on 7/29/11 incident 7/28/11 at 5pm, indicated client A got verbally and physically aggressive with client C after the dietician "gave</p> | | | | <p>potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Weekly meeting of Incident Oversight Committee and continued identification of trends by compliance department with follow-up risk reduction plan to address trend. How corrective actions will be monitored to ensure no recurrence The Incident Oversight Committee is Chaired by the Compliance Officer who is operationally and programmatically distinct from the facility. The Chair will ensure the smooth and continuous operation of the committee.</p> | | |

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| | <p>[client A] positive criticism" at the dining room table. Client A ran out of the group home with staff following her, then attacked staff, returned to group home then attacked client C and bit her on the head. No corrective action was documented.</p> <p>A BDDS report on 7/18/11 for an incident which involved police on 7/17/11 at 8pm, indicated a fight between clients A, B, and C with 3 staff trying to separate them. The report indicated 9-1-1 was called by client D on the phone. Mandt restraints were applied to clients A, B, and C by the staff until calm. No corrective action was documented.</p> <p>A BDDS report on 7/18/11 incident 7/16/11 at 4pm, indicated client A became upset and hit client C. Client A left AWOL with staff following her. The report indicated client A had mandt restraints applied by the facility staff, calmed, and returned to the group home. No corrective action was documented.</p> <p>Client A had eight (8) additional BDDS reports for incidents on 9/4/11 at 6pm, on 9/3/11 at 9pm, on 8/15/11 at 2pm, on 8/10/11 at 8pm, on 8/9/11 at 6pm, on 8/9/11 at 8pm, on 7/19/11 at 6pm, and on 7/17/11 at 9:30am, for client A which involved the mandt restraints for Physical Aggression and client A's AWOL behavior were documented with no corrective action documented.</p> <p>A BDDS report on 7/15/11 incident 7/14/11 at 8:30am, indicated client B woke up upset and wanted to choose her own breakfast. The report indicated the unidentified staff redirected client B multiple times. Client B became physically aggressive toward staff, banged her head and bit herself. Client B left the area then returned with a bottle of tea which she swung and hit the staff.</p> | | | | | | |

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| | <p>The report indicated client B had a Mandt one arm restraint applied from behind for one (1) minute. Client B dropped to the floor, and began to bang her head and kicked staff, mandt restraint again applied for 3 min. No corrective action was documented.</p> <p>A BDDS report on 7/11/11 incident on 7/9/11 at 10am, indicated client B woke up upset. Client B began to bite herself, swung and hit the staff, and staff applied Mandt one (1) arm restraint for 2 min. Client B made threats to elope, grabbed the phone and called 9-1-1. The report indicated staff applied a Mandt one arm restraint for 2 min. Client B hit staff and threw money which other staff were counting. Staff applied a Mandt one arm restraint for 2 min. No corrective action was documented.</p> <p>A BDDS report on 7/8/11 for an incident with police involvement on 7/7/11 at 2pm, indicated client B became upset at the store, left awol out of the store, and ran into traffic in parking lot. Client B was hitting staff and staff applied a one arm mandt restraint. Client B was released and hit the staff more. The report indicated an off duty police officer called the dispatcher, and two additional police arrived. Client B got physically aggressive with police, was placed in hand cuffs but was not arrested. No corrective action was documented.</p> <p>Client B had (6) six additional physical altercations with staff and mandt restraints were applied on 9/5/11 at 7am, on 8/12/11 at 4pm, on 8/6/11 at 7:15pm, on 8/5/11 at 6pm, on 7/25/11 at 2:30pm, and on 7/13/11 at 8:30am. No corrective action was documented.</p> <p>A BDDS report on 8/30/11 incident on 8/29/11 at 3:30pm, indicated client C was redirected by staff</p> | | | | | | |

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| | <p>because client C was upset. Client C was biting herself and scratching her face. Staff applied a one (1) arm mandt restraint for one (1) minute. No corrective action was documented and no documented.</p> <p>A BDDS Report 8/22/11 incident 8/21/11 at 6pm, indicated client C was SIB (Self injurious Behavior) of biting herself. Staff intervened and used a one (1) arm mandt restraint for one (1) min. Client C had bite marks were on her arm/wrist areas of the skin. No corrective action was documented.</p> <p>A BDDS report on 8/4/11 incident 8/2/11 at 4pm, indicated client C was attacked by client A and client A bit client C on the head. Then client C began biting herself. The report indicated the facility staff applied a one (1) arm mandt restraint for one (1) minute. The report indicated less than 30 minutes later client C pushed staff out of her way, then banged her head, staff applied a one (1) arm mandt restraint for one (1) minute. No corrective action was documented.</p> <p>A BDDS report on 7/18/11 incident on 7/16/11 at 4pm, indicated client A "attacked" and hit client C twice, once in back and once in head. No corrective action was documented.</p> <p>2. The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 9/7/11 were reviewed on 9/7/11 at 11:20am and indicated the following for documented medication errors:</p> <p>A BDDS report on 8/1/11 medication error incident 7/31/11 at 4pm, indicated client B complained of "SOB (shortness of breath) dx COPD (diagnosis Chronic Obstructive Pulmonary</p> | | | | | | |

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| | <p>Disease)." The report indicated client B had a physician's order for Advair 1 time per day. Client B told staff she needed another puff. The report indicated staff gave the additional medication without checking the client orders and client B exhibited SOB. The report indicated staff did not follow client B's physician orders. The report indicated the Advair was not an as needed medication. The report indicated the nurse came to the group home and client B was sent out to her physician for an office visit. No corrective action was documented.</p> <p>A BDDS report on 7/21/11 for a medication error incident 7/20/11 at 8am, indicated client B's Losartan HTCZ (for Hypertension) was not given 7/20/11 morning because staff neglected to read MAR (Medication Administration Record) and "staff will receive retraining." No documented medication retraining was available for review. No corrective action was documented.</p> <p>A BDDS report on 7/18/11 for a medication error incident on 7/16/11 at 12pm, indicated client B went to the doctor on 7/7/11. A new medication Losartan HTCZ 1 time daily was started and the physician discontinued the Lasix medication. The report indicated from 7/7/11 through 7/17/11 client B received the Lasix med and no Losartan medication. No corrective action was documented.</p> <p>There was no written BDDS report for client C's medication error incident documented on 8/1/11, no time documented. The report indicated client C missed 3 doses of medication because pharmacy needed authorization to refill and was waiting for authorization. No information in regards to the type of medication which was being ordered for client C was available for review. No corrective</p> | | | | | | |

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| | <p>action was documented.</p> <p>On 9/9/11 at 3:35pm, an interview with the Site Director (SD) was completed. The SD indicated clients A, B, and C had been physically aggressive and required one arm mandt physical holds to prevent injuries during their physical aggressive behaviors. The SD indicated no documented evidence was available for review to indicate that the facility leadership reviewed incidents for patterns, or considered corrective action after each incident. The SD indicated there was no action after each incident, no monitoring of the clients' programs, and no retraining for immediately reporting of incidents was available for review.</p> <p>On 9/12/11 at 11:20am, an interview with the SD was completed. The SD indicated no documented corrective measures were implemented and none were available for review.</p> <p>Client A's record was reviewed on 9/8/11 at 2pm and on 9/9/11 at 8am. Client A's 7/29/11 Behavior Support Plan (BSP) indicated reviews on 4/30/11 for holds and restraints to be used for physically aggressive behaviors which are an immediate threat to health, safety, and welfare for client A and other people; on 8/16/11 for reinforcers to be added for non compliance; on 7/25/11 for restitution and restriction of activities for property destruction. Client A's BSP did not indicate reviews or revisions for physical aggression and AWOL behaviors.</p> <p>Client B's record was reviewed on 9/8/11 at 2:15pm and on 9/9/11 at 8:30am. Client B's 4/8/11 BSP indicated the last review of her BSP was on 4/8/11. Client B's BSP indicated she had targeted behaviors of physical aggression and did not indicate reviews or revisions for physical</p> | | | | | | |

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| W0193 | <p>aggression behaviors.</p> <p>Client C's record was reviewed on 9/8/11 at 3pm. Client C's 4/8/11 BSP indicated she had targeted behaviors of physical aggression and did not indicate reviews or revisions for physical aggression behaviors.</p> <p>This federal tag relates to complaint #IN00095983.</p> <p>1.1-3-2(a)</p> <p>Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.</p> <p>Based on record review and interview, for 3 of 3 sample clients (clients A, B, and C) who lived in the group home, the facility staff failed to demonstrate knowledge and implement techniques to manage client A, B, and C's identified behaviors.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 9/7/11 were reviewed on 9/7/11 at 11:20am and indicated the following:</p> <p>For client A:</p> <p>-BDDS report on 8/30/11 incident on 8/29/11 at 4pm indicated clients A, B, and C made an allegation against Direct Care Staff (DCS) #4, #5, and #6 for hitting, yelling, and giving the clients cigarettes in the group home. The 8/30/11 QMRP (Qualified Mental Retardation Professional)</p> | | | W0193 | <p>W 193 Demonstrating Skills and Techniques to Manage Inappropriate Behavior. Corrective action for resident(s) found to have been affected All staff members in the home will receive retraining by a certified trainer in appropriate de-escalation and physical intervention procedures. Additionally, new staff-competency testing procedures are being put into place for BSP training across the home. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Training of staff members on de-escalation and</p> | | 10/12/2011 |

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| | <p>investigation results unsubstantiated the allegations and no action was recommended to be taken. The 8/30/11 QMRP investigation documented clients A and B did not actually view facility staff #4, #5, and #6 hit another client; however both clients A and B continued to state to the QMRP that staff #4, #5, and #6 yelled at clients in the group home and continued to give the clients cigarettes to encourage the clients to smoke. No staff retraining on staff to client interaction was documented.</p> <p>-BDDS report on 8/22/11 incident 8/20/11 at 7pm, client A was angry with client C in kitchen, and an unidentified staff stepped between clients A and C. The report indicated client A attacked the staff person and the staff applied a physical mandt hold three (3) minute. No documented staff retraining on techniques to manage client behavior was available for review.</p> <p>-BDDS report on 8/4/11 incident 8/2/11 at 4:30pm, indicated client A witnessed client C push a staff person. The report indicated client A became physically aggressive toward client C and the unidentified staff applied a one (1) arm mandt three (3) min. (minutes). No documented staff retraining on techniques to manage client behavior was available for review.</p> <p>-BDDS report on 7/29/11 incident 7/28/11 at 5pm, indicated client A got verbally and physically aggressive with client C after the dietician "gave [client A] positive criticism" at the dining room table. Client A ran out of the group home with staff following her, then attacked staff, returned to group home then attacked client C and bit her on the head. No documented staff retraining on techniques to manage client behavior was available for review.</p> | | | | <p>appropriate physical management. New competency-based training method put in place for both initial training as well as on-going competency testing for behavior interventions in BSPs. How corrective actions will be monitored to ensure no recurrence House Manager supervises staff, including ensuring appropriate training. The Behavior Clinician implements training on BSPs, including the new competency-based procedures being put into place.</p> | | |

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| | <p>-BDDS report on 7/18/11 for an incident which involved police on 7/17/11 at 8pm, indicated a fight between clients A, B, and C with 3 staff trying to separate them. The report indicated 9-1-1 was called by client D on the phone. Mandt restraints applied to clients A, B, and C by the staff until calm. No corrective action was documented. No documented staff retraining on techniques to manage client behavior was available for review.</p> <p>-BDDS report on 7/18/11 incident 7/16/11 at 4pm, indicated client A became upset and hit client C. Client A left AWOL with staff following her. The report indicated client A had mandt restraints applied by the facility staff, calmed, and returned to the group home. No documented staff retraining on techniques to manage client behavior was available for review.</p> <p>Eight (8) additional BDDS reports for incidents on 9/4/11 at 6pm, on 9/3/11 at 9pm, on 8/15/11 at 2pm, on 8/10/11 at 8pm, on 8/9/11 at 6pm, on 8/9/11 at 8pm, on 7/19/11 at 6pm, and on 7/17/11 at 9:30am, for client A which involved the mandt restraints for Physical Aggression and client A's AWOL behavior. No documented staff retraining on techniques to manage client behavior was available for review.</p> <p>For client B:</p> <p>-BDDS report on 7/15/11 incident 7/14/11 at 8:30am, indicated client B woke up upset and wanted to choose her own breakfast. The report indicated the unidentified staff redirected client B multiple times. Client B became physically aggressive toward staff, banged her head and bit herself. Client B left the area then returned with a bottle of tea which she swung and hit the staff.</p> | | | | | | |

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| | <p>The report indicated client B had a Mandt one arm restraint applied from behind for one (1) minute. Client B dropped to the floor, and began to bang her head and kicked staff, mandt restraint again applied for 3 min. No documented staff retraining on techniques to manage client behavior was available for review.</p> <p>-BDDS report on 7/11/11 incident on 7/9/11 at 10am, indicated client B woke up upset. Client B began to bite herself, swung and hit the staff, and staff applied Mandt one (1) arm restraint for 2 min. Client B made threats to elope, grabbed the phone and called 9-1-1. The report indicated staff applied a Mandt one arm restraint for 2 min. Client B hit staff and threw money which other staff were counting. Staff applied a Mandt one arm restraint for 2 min. No documented staff retraining on techniques to manage client behavior was available for review.</p> <p>-BDDS report on 7/8/11 for an incident with police involvement on 7/7/11 at 2pm, indicated client B became upset at the store, left awol out of the store, and ran into traffic in parking lot. Client B was hitting staff and staff applied a one arm mandt restraint. Client B was released and hit the staff more. The report indicated an off duty police officer called the dispatcher, and two additional police arrived. Client B got physically aggressive with police, was placed in hand cuffs but was not arrested. No documented staff retraining on techniques to manage client behavior was available for review.</p> <p>-Client B had (6) six additional physical altercations with staff and mandt restraints were applied on 9/5/11 at 7am, on 8/12/11 at 4pm, on 8/6/11 at 7:15pm, on 8/5/11 at 6pm, on 7/25/11 at 2:30pm, and on 7/13/11 at 8:30am. No</p> | | | | | | |

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| | <p>documented staff retraining on techniques to manage client behavior was available for review.</p> <p>For client C:</p> <p>-BDDS report on 8/30/11 incident on 8/29/11 at 3:30pm, indicated client C was redirected by staff because client C was upset. Client C was biting herself and scratching her face. Staff applied a one (1) arm mandt restraint for one (1) minute. No documented staff retraining on techniques to manage client behavior was available for review.</p> <p>-BDDS Report 8/22/11 incident 8/21/11 at 6pm, indicated client C was SIB (Self injurious Behavior) of biting herself. Staff intervened and used a one (1) arm mandt restraint for one (1) min. Client C had bite marks were on her arm/wrist areas of the skin. No documented staff retraining on techniques to manage client behavior was available for review.</p> <p>-BDDS report on 8/4/11 incident 8/2/11 at 4pm, indicated client C was attacked by client A and client A bit client C on the head. Then client C began biting herself. The report indicated the facility staff applied a one (1) arm mandt restraint for one (1) minute. The report indicated less than 30 minutes later client C pushed staff out of her way, then banged her head, staff applied a one (1) arm mandt restraint for one (1) minute. No documented staff retraining on techniques to manage client behavior was available for review.</p> <p>-BDDS report on 7/18/11 incident on 7/16/11 at 4pm, indicated client A "attacked" and hit client C twice: once in back and once in head. No documented staff retraining on techniques to manage client behavior was available for review.</p> | | | | | | |

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| W0318 | <p>On 9/9/11 at 3:35pm, an interview with the Site Director (SD) was completed. The SD indicated no documented evidence was available for review to indicate the facility leadership considered or provided retraining of the facility staff. The SD indicated the facility staff did not manage client A, B, and C's physically aggressive behaviors because client aggression continued to occur. The SD stated the agency "will certainly be reviewing" the facility staff's need to be retrained to ensure each clients' Behavior Management Plan and the "least restrictive or verbal redirection to most restrictive or physical holds" were used.</p> <p>This federal tag relates to complaint #IN00095983.</p> <p>1.1-3-3(a)</p> <p>The facility must ensure that specific health care services requirements are met.</p> <p>Based on observation, record review, and interview, the Condition of Participation, Health Care Services, was not met as the facility failed to provide adequate health care monitoring and oversight of medication administration for 2 of 3 sample clients (clients B and C).</p> <p>Findings include:</p> <p>Please refer to W331. The facility failed for 2 of 3 sampled clients (clients B and C), to ensure clients B and C received nursing services oversight according to their medical needs.</p> <p>Please refer to W368. The facility failed to follow physician's orders for medication administration for 2 of 3 sample clients (clients B and C), who had medications administered by facility staff in</p> | | | W0318 | <p>W 318 Oversight of Medication Administration Corrective action for resident(s) found to have been affected Agency Nurse will conduct a med pass observation for each staff member across shifts. A new system will be trained across staff that improves accuracy. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Medication Pass observations will be conducted by the Nurse. Nurse also is</p> | | 10/12/2011 |

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| | error from 7/1/11 through 9/7/11. 1.1-3-6(a) | | | | implementing a new "dot" medication administration method that gives staff a way to check their work and enhance accuracy with each pill popped represented by a dot on the MAR, so they count dots and pills to ensure they match up; We will continue with "buddy checking" where the staff member passing medication is checked by another staff person; For any Medication Errors in the future, there will be corrective action, which will incorporate training of staff who made error and staff member who acted as buddy checker when appropriate. Repeated errors may include disciplinary action up to and including termination. How corrective actions will be monitored to ensure no recurrence The Nurse oversees Health Care Monitoring of staff and provides training on medication administration. The Regional Director supervises all professional staff, including the nurse, and will continue to meet with them regularly. These meetings will now include new agenda items, including medication administration updates. All medication errors result in Incident Reports. The new Incident Oversight Committee will meet weekly to ensure that adequate corrective action is taken if a medication error occurs. Staff disciplinary action is conducted by the House | | |

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| W0331 | <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed for 2 of 3 sampled clients (clients B and C), to ensure clients B and C received nursing services oversight according to their medical needs.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 9/7/11 were reviewed on 9/7/11 at 11:20am and indicated the following for documented medication errors:</p> <p>1. A BDDS report on 8/1/11 medication error incident 7/31/11 at 4pm, indicated client B complained of "SOB (shortness of breath) dx COPD (diagnosis Chronic Obstructive Pulmonary Disease)." The report indicated client B had a physician's order for Advair 1 time per day. Client B told staff she needed another puff. The report indicated staff gave the additional medication without checking the client orders and client B exhibited SOB. The report indicated staff did not follow client B's physician orders. The report indicated the Advair was not as needed medication. The report indicated client B was sent out to her physician's office by the nurse. No corrective action was documented by the nurse.</p> <p>2. A BDDS report on 7/21/11 for a medication error incident 7/20/11 at 8am, indicated client B's Losartan HTCZ (for Hypertension) was not given 7/20/11 morning because staff neglected to read MAR (Medication Administration Record) and "staff will receive retraining." No documented medication retraining was available for review.</p> | | | W0331 | <p>Manager.</p> <p>W 331 Providing Nursing Oversight according to Medical Needs Corrective action for resident(s) found to have been affected Agency's Director of Health Services will provide training to nurse on Agency's Medication Error Policy, how to work with staff to maximize effective medication administration, and how to follow-up on any errors with effective follow-up. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Training provided by Agency's Director of Health Services. How corrective actions will be monitored to ensure no recurrence The Director of Health Services works with the Compliance office to ensure appropriate policies are in place and trains agency nurses. The Regional Director supervises the nurse. The new Incident Oversight Committee will review all incidents, including medication errors, and will ensure appropriate corrective action is taken by professional staff, including the nurse.</p> | | 10/12/2011 |

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| | <p>3. A BDDS report on 7/18/11 for a medication error incident on 7/16/11 at 12pm, indicated client B went to the doctor on 7/7/11. A new medication Losartan HTCZ 1 time daily was started and the physician discontinued the Lasix medication. The report indicated from 7/7/11 through 7/17/11 client B received the Lasix med and no Losartan medication. No corrective action was documented by the nurse.</p> <p>4. There was no written BDDS report for client C's medication error incident documented on 8/1/11, no time documented. The statement indicated client C missed three (3) doses of medication because pharmacy needed authorization to refill and was waiting for authorization. No information in regards to the type of medication which was being ordered for client C was available for review. No corrective action was documented by the nurse.</p> <p>On 9/7/11 from 10:30am until 1:10pm, facility staff training and retraining were requested. No documented retraining was available for review. The House Manager provided an undated "House Meeting" agenda and indicated the meeting was held monthly to have a discussion with staff about problems in the group home.</p> <p>On 9/12/11 at 11:20am, an interview with the Site Director (SD) was completed. The SD indicated the facility did not have documentation that the facility had retrained staff, or met to discuss medications not being administered according to physician orders and documented nursing follow up to the incidents. The SD indicated the facility had had three (3) different nurses on staff since 5/2011. The SD indicated the QMRP was responsible for ensuring nursing was notified of</p> | | | | | | |

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| W0368 | <p>the incidents.</p> <p>1.1-3-6(a)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview for 2 of 3 sample clients (clients B and C) who had medications administered by facility staff in error from 7/1/11 through 9/7/11, the facility failed to follow physician's orders for medication administration.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 9/7/11 were reviewed on 9/7/11 at 11:20am and indicated the following for documented medication errors:</p> <p>1. A BDDS report on 8/1/11 medication error incident 7/31/11 at 4pm, indicated client B complained of "SOB (shortness of breath) dx COPD (diagnosis Chronic Obstructive Pulmonary Disease)." The report indicated client B had a physician's order for Advair 1 time per day. Client B told staff she needed another puff. The report indicated staff gave the additional medication without checking the client orders and client B exhibited SOB. The report indicated staff did not follow client B's physician orders. The report indicated the Advair was not as needed medication. The report indicated client B was sent out to her physician's office by the nurse.</p> <p>2. A BDDS report on 7/21/11 for a medication error incident 7/20/11 at 8am, indicated client B's</p> | | | W0368 | <p>W 368 Following Through on Physician Orders for Medication Administration Corrective action for resident(s) found to have been affected Agency Nurse will conduct a med pass observation for each staff member across shifts. Agency's Director of Health Services will provide training to nurse on Agency's Medication Error Policy, how to work with staff to maximize effective medication administration, and how to follow-up on any errors effectively. How facility will identify other residents potentially affected & what measures taken All residents affected, and corrective action will address the needs of all clients in the home. Measures or systemic changes facility put in place to ensure no recurrence Medication Pass observations will be conducted by the Nurse, and nurse training conducted by the Director of Health Services. Nurse also is implementing a new "dot" medication administration method that gives staff a way to check their work and enhance accuracy; For any Medication Errors in the future, there will be</p> | | 10/12/2011 |

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| | <p>Losartan HTCZ (for Hypertension) was not given 7/20/11 morning because staff neglected to read MAR (Medication Administration Record) and "staff will receive retraining."</p> <p>3. A BDDS report on 7/18/11 for a medication error incident on 7/16/11 at 12pm, indicated client B went to the doctor on 7/7/11. A new medication Losartan HTCZ 1 time daily was started and the physician discontinued the Lasix medication. The report indicated from 7/7/11 through 7/17/11 client B received the Lasix med and no Losartan medication.</p> <p>4. There was no written BDDS report for client C's medication error incident documented on 8/1/11, no time documented. The statement indicated client C missed three (3) doses of medication because pharmacy needed authorization to refill and was waiting for authorization. No information in regards to the type of medication which was being ordered for client C was available for review.</p> <p>On 9/9/11 at 9:11am, the QMRP (Qualified Mental Retardation Professional) indicated client C missed three doses of her Cogentin medication (for side effects of psychotropic medications) because the facility failed to make sure the pharmacy provided the medication.</p> <p>On 9/12/11 at 11:20am, an interview with the Site Director (SD) was completed. The SD indicated the facility did not have documentation that they met to discuss medications not being administered according to physician orders and documented nursing follow up to the incidents. The SD indicated the facility had had three (3) different nurses on staff since 5/2011. The SD indicated the QMRP was responsible for ensuring nursing was</p> | | | | <p>corrective action, which will incorporate training of staff who made error and staff member who acted as buddy checker when appropriate. Repeated errors may include disciplinary action up to and including termination. How corrective actions will be monitored to ensure no recurrence The Nurse oversees Health Care Monitoring of staff and provides training on medication administration. The Regional Director supervises all professional staff, including the nurse, and will continue to meet with them regularly. All medication errors result in Incident Reports. The new Incident Oversight Committee will meet weekly to ensure that adequate corrective action is taken if a medication error occurs. Staff disciplinary action is conducted by the House Manager.</p> | | |

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| W9999 | <p>notified of the incidents. The SD stated the facility staff at the group home had a "discussion" at the monthly house meeting in regards to the medication errors.</p> <p>Client B's record was reviewed on 9/8/11 at 2:15pm and on 9/9/11 at 8:30am. Client B's 8/3/11 "Physician Orders" indicated "Losartan HCTZ (for Hypertension)" was ordered by her physician on 7/7/11. Client B's 8/3/11 "Physician Orders" indicated she had a diagnosis of "Hypertension."</p> <p>Client C's record was reviewed on 9/8/11 at 3pm. Client C's 8/3/11 "Physician Orders" indicated client C was to have received "Cogentin (for side effects from her psychotropic medications) 1mg (milligram)."</p> <p>1.1-3-6(a)</p> <p>State Findings</p> <p>431 IAC 1.1-3-1 Governing body</p> <p>Sec. 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to report immediately to the facility's Administrator, and to the Bureau of</p> | | | W9999 | <p>W 9999 State Requirements for Governing Body & 24-hour Incident Reporting Requirement Corrective action for resident(s) found to have been affected All professional staff members who are responsible for Incident Reporting will be trained on Agency Policy that requires incident reports be completed within 24 hours. How facility will identify other residents potentially affected & what measures taken All residents affected, and measures taken will address the needs of all clients in</p> | | 10/12/2011 |

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| | <p>Developmental Disabilities Services (BDDS) within 24 hours as required by law for 4 of 4 medication error report incidents for clients B and C.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disability Services) reports from 7/1/11 through 9/7/11 were reviewed on 9/7/11 at 11:20am and indicated the following for documented medication errors:</p> <p>1. A BDDS report on 8/1/11 medication error incident 7/31/11 at 4pm, indicated client B complained of "SOB (shortness of breath) dx COPD (diagnosis Chronic Obstructive Pulmonary Disease)." The report indicated client B had a physician's order for Advair 1 time per day. Client B told staff she needed another puff. The report indicated staff gave the additional medication without checking the client orders and client B exhibited SOB. The report indicated staff did not follow client B's physician orders. The report indicated the Advair was not an as needed medication. The report indicated client B was sent out to her physician's office by the nurse.</p> <p>2. A BDDS report on 7/21/11 for a medication error incident 7/20/11 at 8am, indicated client B's Losartan HTCZ (for Hypertension) was not given 7/20/11 morning because staff neglected to read MAR (Medication Administration Record) and "staff will receive retraining."</p> <p>3. A BDDS report on 7/18/11 for a medication error incident on 7/16/11 at 12pm, indicated client B went to the doctor on 7/7/11. A new medication Losartan HTCZ 1 time daily was started and the physician discontinued the Lasix medication. The</p> | | | | <p>the home. Measures or systemic changes facility put in place to ensure no recurrence</p> <p>Training of Professional Staff. Also, an Incident Oversight Committee will be established consisting of the agency's Vice President, Regional Director, and Compliance Officer. This committee will hold a documented weekly meeting in which all Incident Reports from the previous week are reviewed for multiple requirements, including the 24-hour criterion.</p> <p>How corrective actions will be monitored to ensure no recurrence The Incident Oversight Committee is Chaired by the Compliance Officer who is operationally and programmatically distinct from the facility. The Chair will ensure the smooth and continuous operation of the committee.</p> | | |

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| | <p>report indicated from 7/7/11 through 7/17/11 client B received the Lasix med and no Losartan medication.</p> <p>4. There was no written BDDS report for client C's medication error incident documented on 8/1/11, no time documented. The statement indicated client C missed three (3) doses of medication because pharmacy needed authorization to refill and was waiting for authorization. No information in regards to the type of medication which was being ordered for client C was available for review.</p> <p>On 9/9/11 at 9:11am, the QMRP (Qualified Mental Retardation Professional) indicated client C missed three doses of her Cogentin medication (for side effects of psychotropic medications) because the facility failed to make sure the pharmacy provided the medication.</p> <p>On 9/9/11 at 3:35pm, an interview with the Site Director (SD) was completed. The SD indicated the facility did not immediately report medication errors to the administrator and to BDDS in accordance with state law.</p> <p>1.1-3-1(b)(5)</p> | | | | | | |